# In the United States Court of Federal Claims OFFICE OF SPECIAL MASTERS

No. 05-581V Filed: February 12, 2008 Not to be published.<sup>1</sup>

KATE MILLER as parent and next friend of Sara Miller, a minor,

Petitioner.

Vaccine Act; Proffer; Damages

,

v.

SECRETARY OF HEALTH AND HUMAN SERVICES.

Respondent.

## **DECISION**<sup>2</sup>

This is an action seeking an award under the National Childhood Vaccine Injury Compensation Program (see 42 U.S.C. § 300aa-10 *et seq.*), on account of an injury to the petitioner's daughter, Sara Miller. On March 23, 2006, I issued an order determining that petitioner was entitled to compensation in this case. *See also* my order of March 9, 2006.

After discussions between the parties, on February 1, 2008, respondent filed "Respondent's Proffer on Award of Compensation." On February 12, 2008, petitioner's counsel represented telephonically to my staff that petitioner accepts that Proffer as a reasonable measure of the amount of the award in this case.<sup>3</sup>

<sup>3</sup>Petitioner's counsel of record is Thomas S. Farnish. However, his associate, Stephan E. Andersson, has appeared on behalf of the petitioner during the progress of this case and made the

<sup>&</sup>lt;sup>1</sup>This document will not be sent to electronic publishers as a formally "published" opinion. However, because this document contains a reasoned explanation for my action in this case, I intend to post this document on the United States Court of Federal Claims' website, in accordance with the E-Government Act of 2002, Pub. L. No. 107-347, 116 Stat. 2899, 2913 (Dec. 17, 2002). Therefore, each party has 14 days within which to request redaction "of any information furnished by that party (1) that is trade secret or commercial or financial information and is privileged or confidential, or (2) that are medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of privacy." Vaccine Rule 18(b). Otherwise, this entire document will be available to the public. *Id.* See also 42 U.S.C. § 300aa-12(d)(4)(B).

<sup>&</sup>lt;sup>2</sup>In the absence of a motion for review filed pursuant to RCFC, Appendix B, the clerk is directed to enter judgment in accordance with this Decision.

I have reviewed respondent's Proffer, and find that it describes appropriate compensation in this case pursuant to 42 U.S.C. § 300aa-15(a). I hereby order that compensation be awarded based on the Proffer. Specifically, I order that respondent make lump sum payments and purchase an annuity contract as follows:

## 1. Lump sums

In the Proffer, the parties have agreed that the petitioner is entitled to immediate compensation totaling \$ 1,390,567.98, based on the following lump sums:

- ! A lump sum in the amount of \$ 1,214,828.47 shall be payable to Todd B. Miller, Kathleen P. Miller, and KNBT Investment Management & Trust Company as Co-Guardians of the Estate of Sara MacKenzie Miller, on account of Sara's life care expenses for the first year following judgment (\$364,730.10), past and future pain and suffering (\$ 224,896.41), and lost future earnings (\$625,201.96).
- ! A lump sum payment in the amount of \$ 67,065.64 shall be payable to the petitioner, **Kate Miller**, on account of past unreimburseable expenses related to Sara's injury; and
- ! A lump sum in the amount of \$ 108,673.87 shall be payable to **Kate Miller and** the Commonwealth of Pennsylvania on account of a Medicaid lien. This award shall be in the form of a check, jointly payable to petitioner and:

Commonwealth of Pennsylvania Department of Public Welfare Third Party Liability DGS Annex Complex 116 E. Azalea Drive Petry Bldg. #17 Harrisburg, PA 17110 Attn: Barbara Aschenbrenner

Petitioner has agreed to endorse this check to the Commonwealth of Pennsylvania.

### 2. Annuity

The parties agree, and I consider it in Sara's best interest, that the compensation for future unreimbursable expenses beyond the first year post-judgment be paid in the form of an annuity, which shall be purchased as soon as practicable after entry of judgment. Accordingly, pursuant to 42 U.S.C. § 300aa-15(f)(4), I order respondent to purchase, and take ownership of, an annuity

telephonic representation on February 12, 2008.

contract from an insurance company for the benefit of Sara,<sup>4</sup> pursuant to which the insurance company will agree to make periodic payments to **Todd B. Miller, Kathleen P. Miller, and KNBT Investment Management & Trust Company as Co-Guardians of the Estate of Sara MacKenzie Miller, for the benefit of Sara Miller,**<sup>5</sup> for the rest of Sara's life,<sup>6</sup> commencing on the first anniversary of the date of judgment. The amount of the annuity payments in each year will be calculated based on the 9-page summary of "Items of Compensation for Sara Miller," attached to respondent's Proffer, which I have attached to this Decision.

George L. Hastings, Special Master	Jr.
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(Attachment)

The annuity contract shall be purchased from an insurance company that meets the following criteria, adapted from the Proffer; these criteria appear to be based upon the December 1990 draft of the Uniform Periodic Payment of Judgments Act.

<sup>1)</sup> has a minimum of \$250,000,000 of capital and surplus, exclusive of any mandatory security valuation reserve; and

<sup>2)</sup> has one of the following ratings from two of the following rating organizations:

a) A.M. Best Company: A++, A+, A+g, A+p, A+r or A+s;

b) Moody's Investors Service Claims Paying Rating: Aa3, Aa2, Aa1 or Aaa;

c) Standard and Poor's Corporation Insurer Claims-Paying Ability Rating: AA-, AA, AA+ or AAA;

d) Fitch Credit Rating Company, Insurance Company Claims Paying Ability Rating: AA-, AA, AA+ or AAA.

I note that a guardianship has been established for Sara. *See* Exhibit 13 (Order of Court of Common Pleas of Lehigh County, Pennsylvania, Orphan's Court Division).

<sup>&</sup>lt;sup>6</sup>The personal representative of the estate of Sara Miller shall provide written notice to the respondent within twenty days of her death.

Compensation   Comp										4%	Vocational Assess
Compensation   Comp	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00		1%	ecreation
SOF COMPENSATION         GR         M         Year 1 Very 2 Very 3 Very 4 Very 3 Very 4 Very 4 Very 5 Very 4 Very 6 Very	1,800.00	1,800.00	1,800.00	1,800.00	1,800.00	1,800.00		1,800.00	Z	%	
SOF COMPENSATION         GR         * M         Year 1         Compensation Compensation         Compensation         Compensation Compensation         Compen									<u> </u>		
KeBlue Premiums         6%         M         Year 1         Year 2         Compensation Compensation         Compensation Compensation         Compensation Compensation         Compensation Compensation         Compensation Vear 3         Compensation Vear 4         Compensation Vear 5         Compensation Vear 8         Vear 6         Vear 8         Vear 9	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00		1%	enance
SOFCOMPENSATION         GR         M         Year 1         Year 2         Compensation Compensation         Compensation	5,253.53	42,028.25								%	
Compensation   Comp	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,500.00	Z	%	
Compensation   Comp				180.00					Ĥ		
Compensation   Comp	81,212.50	81,212.50	81,212.50	81,212.50	81,212.50	81,212.50	81,212.50	81,212.50	3	%	are
Compensation   Comp	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	Ť	├	
Compensation   Comp									Z	%	Part D
Compensation   Comp									<u> </u>	%	
SOF COMPENSATION         G.R.         * M         Compensation Year 2         Compensation Year 3         Compensation Year 4         Compensation Year 5         Year 6         Year 1         Year 1         Year 2         Year 3         Year 4         Year 3         <	144.00	144.00	144.00	144.00	144.00	144.00	144.00	144.00			Mixture Suspension
Compensation   Comp	72.00	72.00	72.00	72.00	72.00	72.00	72.00	72.00		-	ī
Compensation   Comp										-	гу
SOF COMPENSATION         GR         Model         Year 1 (Compensation 2009)         Compensation 2009         Compensation 2011         Compensation 2009         Compensation 2009         Compensation 2009         Compensation 2009         Compensation 2009         Compensation 2009         Compensation 2011         Compensation 2009         Compensation 2011         Compensation 2012         Compensation 2010         Compensation 2010         Compensation 2010         Compensation 2010         Compensation											
SOF COMPENSATION         G.R.         * M         Compensation Compensation Compensation         Compensation Compensation Vear 3         Compensation Vear 3         Compensation Vear 4         Compensation Vear 5         Compensation Vear 8         Compensation Vear 8         Compensation Vear 8         Compensation Vear 3         Compensation Vear 4         Compensation Vear 5         Compensation Vear 8         Vear 6         Vear 8         Vear 8         Vear 8         Vear 9         Vear 9         2010         2011         2012         2013-2014         2015         20           k Blue MOP         6%         I         250.00         250.00         250.00         250.00         250.00         250.00         250.00         250.00         250.00         250.00         250.00         250.00         250.00         250.00         250.00         250.00         250.00         250.00         250.00<	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00			
SOF COMPENSATION         G.R.         * M         Compensation Compensation Compensation         Compensation Pear 1         Compensation Pear 3         Compensation Pear 4         Compensation Pear 5         Compensation Pear 8         Compensation Pear 5         Compensation Pear 8         Compensation Pear 8         Compensation Pear 8         Compensation Pear 8         Compensation Pear 9         Pe								42.40		├─	
SOF COMPENSATION         G.R. * M         Compensation Compensation Compensation         Compensation Compensation Compensation         Compensation Compensation Vear 5         Compensation Vear 5         Compensation Vear 8         Compensation Vear 8         Compensation Vear 8         Compensation Vear 8         Compensation Vear 5         Compensation Vear 8         Compensation Vear 5         Compensation Vear 8         Compensation Vear 9	556.00	556.00	556.00	556.00	556.00	556.00	556.00	556.00		-	uctible
Compensation   Comp	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00		_	
Compensation   Comp	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00			
SOF COMPENSATION         G.R.         * M         Compensation Year 1         Compensation Year 2         Compensation Year 3         Compensation Year 4         Compensation Year 5         Compensation Year 8         Compensation Year 8         Compensation Year 3         Compensation Year 4         Compensation Year 8         Compensation Year 8         Compensation Year 3         Compensation Year 4         Compensation Year 8         Compensation Year 8         Compensation Year 8         Year 3         Year 4         Year 5         Years 6-7         Year 8         Year 8         Year 9         Year 9         Year 3         Year 4         Year 5         Years 6-7         Year 8         Year 8         Year 9         Year 9         Year 3         Year 4         Year 5         Years 6-7         Year 8         Year 8         Year 9         Year 9         Year 3         Year 4         Year 4         Year 5         Years 6-7         Year 8         Year 8         Year 9         Year 9         Year 3         Year 4         Year 4         Year 9         Year 3         Year 4         Year 4         Year 9         Year 9 <t< td=""><td>10.00</td><td>10.00</td><td>10.00</td><td>10.00</td><td>10.00</td><td>10.00</td><td>10.00</td><td>10.00</td><td></td><td></td><td>Care Doctor</td></t<>	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00			Care Doctor
SOF COMPENSATION         G.R.         * M         Year 1         Compensation Year 2         Compensation Year 3         Compensation Year 4         Compensation Year 5         Compensation Year 8         Compensation Year 8         Compensation Year 8         Compensation Year 3         Compensation Year 4         Compensation Year 5         Compensation Year 8         Compensation Year 8         Compensation Year 8         Year 3         Year 4         Year 5         Year 8         Year 8         Year 8         Year 8         Year 8         Year 9         Year 9         Year 3         Year 4         Year 5         Year 6-7         Year 8         Year 8         Year 9         Year 9 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Z</td><td> %</td><td></td></th<>									Z	%	
SOF COMPENSATION         G.R. * M         Year 1         Compensation Vear 2         Compensation Vear 3         Compensation Vear 4         Compensation Vear 5         Compensation Vear 8         Vear 8         Year 9         Year 3         Year 4         Year 5         Year 6-7         Year 8         Year 8         Year 9         2011         2011         2012         2013-2014         2015         20           k Blue Premiums         6%         M									Z	8	
SOF COMPENSATION         G.R.         * M         Year 1         Year 2         Year 3         Compensation         Compensation </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>Medicare Part B Premium &amp;</td>							-				Medicare Part B Premium &
SOF COMPENSATION     G.R. * M     Year 1     Year 2     Year 3     Compensation	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00		8	
SOF COMPENSATION G.R. * M Year 1 Year 2 Year 3 Year 4 Year 5 Year 8 Year 9 2010 2011 2012 2013-2014 2015  k Blue Premiums 6% M M M M M M M M M M M M M M M M M M										18	
SOF COMPENSATION G.R. * M Year 1 Year 2 Year 3 Year 4 Year 5 Year 8 Year 9 Z010 Z011 Z012 Z013-2014 Z015  KBlue Premiums 6% M M M M M M M M M M M M M M M M M M										6	
SOF COMPENSATION G.R. * M Year 1 Year 2 Year 3 Year 4 Year 5 Year 6-7 Year 8									3	13	
SOF COMPENSATION G.R. * M Year 1 Year 2 Year 3 Year 4 Year 5 Years 6-7 Year 8										-	
Compensation Compensation Compensation Compensation Compensation  G.R. * M Year 1 Year 2 Year 3 Year 4 Year 5 Years 6-7 Year 8  2008 2009 2010 2011 2012 2013-2014 2015									<	^	
Compensation Compe	2016	2015	2013-2014	2012	2011	2010	2009	2008		$\dashv$	
	Compensation Year 9	Compensation Year 8	Compensation Years 6-7	Compensation Year 5	Compensation Year 4	Compensation Year 3	Compensation Year 2	Lump Sum Compensation Year 1	Z .		

							230,840.00	_	0%	Housing Mods
250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00		4%	Adaptive Recreational Equip.
250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00		4%	Sling
10.00	10.00	10.00	10.00	10.00	10.00	10.00	40.00		4%	Batteries
100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00		4%	Lift Maintenance
428.57	428.57	428.57	428.57	428.57	428.57	428.57		ļ	4%	Replacement Lift
							10,000.00	-	4%	Ceiling Lift
							1,650.00	-	4%	Adaptive Tricycle
1,860.00	1,860.00	1,860.00	1,860.00	1,860.00	1,860.00	1,860.00	9,300.00	-	4%	Environmental Control Device
200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00		4%	Special Ed Software
536.67	536.67	536.67	536.67	536.67	536.67	536.67	1,610.00		4%	Computer
164.29	164.29	164.29	164.29	164.29	. 164.29	164.29	1,150.00		4%	Roll-in Shower Chair
7.14	7.14	7.14	7.14	7.14	7.14	7.14	50.00	-	4%	Hand Held Shower
50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-	4%	Adaptive Eating Aids
								*	4%	Standing Frame
								*	4%	Gait Trainer
							1,450.00	-	0%	Adaptive Chair
								*	4%	TLSO
								*	4%	Left Elbow Sleeve
								*	4%	Bilateral Resting Hand Splints
								*	4%	MAFOs
35.00	35.00	35.00	35.00	35.00	35.00	35.00	525.00		4%	Portable Wheelchair Ramp
20.00	20.00	20.00	20.00	20.00	20.00	20.00	60.00	-	4%	Wheelchair Access.
750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00		4%	Power Wheelchair Maintenance
40.00	40.00	40.00	200.00					*	4%	Power Wheelchair & Access.
500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00		4%	Wheelchair Maint.
1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	5,000.00		4%	Manual Wheelchair
10,081.20	10,081.20	10,081.20	10,081.20	10,081.20	10,081.20	10,081.20	10,081.20	* M	4%	OT
960.00	960.00	960.00	960.00	960.00	960.00	960.00	960.00	* M	4%	Pool Therapy
960.00	960.00	960.00	960.00	960.00	960.00	960.00	960.00	* M	4%	PT
3.33	3.33	3.33	3.33	3.33	10.00			*	4%	Wheelchair Seating Eval.
2016	2015	2013-2014	2012	2011	2010	2009	2008			
Compensation Year 9	Compensation Year 8	Compensation Years 6-7	Compensation Year 5	Compensation Year 4	Compensation Year 3	Compensation Year 2	Compensation Year 1	<u>*</u> ≾	G.R.	ITEMS OF COMPENSATION
							Lump Sum	$\dashv$		

				Lump Sum							
			_	Compensation	Compensation   Compensation	Compensation	Compensation	Compensation	Compensation		Compensation
ITEMS OF COMPENSATION   G.R.   *   M	G.R.	*	<u> </u>	Year 1	Year 2	Year 3	Year 4	Year 5	Years 6-7	Year 8	Year 9
		$\dashv$	_	2008	2009	2010	2011	2012	2013-2014		2016
Lost Future Earnings				625,201.96							
Pain and Suffering				224,896.41							
Past Unreimbursable Expenses				67,065.64							
Medicaid Lien				108,673.87							
Annual Totals				1,390,567.98	107,241.04	107,241.04 107,251.04 107,244.37	107,244.37	107,624.37	107,284.37	107,624.37 107,284.37 149,312.62 112,537.90	112,537.90

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

and KNBT Investment Management & Trust Company, as Co-Guardians for the benefit of Sara Miller, for lost As soon as practicable after entry of judgment, respondent shall make the following payment to Todd B. Miller, Kathleen P. Miller As soon as practicable after entry of judgment, respondent shall make the following payment to Kate Miller, petitioner, future earnings (\$625,201.96), pain and suffering (\$224,896.41), and Yr 1 life care expenses (\$364,730.10): \$1,214,828.47. Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

for past un-reimbursable expenses: \$67,065.64.

Annual amounts shall increase at the rates indicated in Column G.R., compounded annually from the date of judgment. Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment. Petry Bldg. # 17, Harrisburg, PA 17110, Attn: Barbara Aschenbrenner, as reimbursement of the state's Medicaid lien: \$108,673.87 Commonwealth of Pennsylvania, Dept. of Public Welfare, Third Party Liability, DGS Annex Complex, 116 E. Azalea Drive, As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the Items denoted with an asterisk (\*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in twelve monthly installments totaling the annual amount indicated

					7,000.00				4%	Vocational Assess.
750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	$\vdash$	4%	Therapeutic Recreation
						1,800.00	1,800.00	M	4%	
3.33	3.33	3.33	3.33	3.33	10.00			*		
1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00		4%	enance
5,253.53	5,253.53	5,253.53	5,253.53	5,253.53	5,253.53	5,253.53	5,253.53		4%	
2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	Z	4%	
			180.00					*	4% *	ical Counseling
194,910.00	194,910.00	194,910.00	194,910.00	194,910.00	194,910.00	81,212.50	81,212.50	3	4%	ire
12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	<u> </u>	5% *	
								Z	5%	Part D
									5%	
144.00	144.00	144.00	144.00	144.00	144.00	144.00	144.00	<del>  ^-</del>	5% *	Mixture Suspension
72.00	72.00	72.00	72.00	72.00	72.00	72.00	72.00	<u> </u>	5% *	
								Ť	5% *	ry
									5% *	ray
						20.00	20.00		5% *	
									5% *	
556.00	556.00	556.00	556.00	556.00	556.00	556.00	556.00		5% *	uctible
30.00	30.00	60.00	60.00	60.00	60.00	60.00	60.00		5% *	edicine Doctor
25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00		5% *	
10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00		5% *	Care Doctor
								Z	6%	Medigap
								Z	6%	
****										Medicare Part B Premium &
250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00		6%	Out-of-Network Provider  Deductible
									6%	
									6%	6
								Z	6%	Highmark Blue Premiums 6
								Z	6%	COBRA 6
2025-2027	2024	2023	2022	2021	2020	2018-2019	2017			
Compensation Years 18-20	Compensation Year 17	Compensation Year 16	Compensation Year 15	Compensation Year 14	Compensation Year 13	Compensation Years 11-12	Compensation Year 10	Z	G.R. *	ITEMS OF COMPENSATION G

									0%	Housing Mods
250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00		4%	Adaptive Recreational Equip.
250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	_	4%	Sling
10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00		4%	Batteries
100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00		4%	Lift Maintenance
428.57	428.57	428.57	428.57	428.57	428.57	428.57	428.57	-	4%	Replacement Lift
								<del> </del>	4%	Ceiling Lift
							1,650.00		4%	Adaptive Tricycle
1,860.00	1,860.00	1,860.00	1,860.00	1,860.00	1,860.00	1,860.00	1,860.00		4%	Environmental Control Device
200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00		4%	Special Ed Software
536.67	536.67	536.67	536.67	536.67	536.67	536.67	536.67	_	4%	
164.29	164.29	164.29	164.29	164.29	164.29	164.29	164.29		4%	air
7.14	7.14	7.14	7.14	7.14	7.14	7.14	7.14		4%	
50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00		4%	Aids
								Ť	4% *	Standing Frame
								٣	4% *	
									0%	Adaptive Chair
									4% *	TLSO
									4% *	
									4% *	Resting Hand Splints
									4% *	
35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00		4%	Portable Wheelchair Ramp
20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00		4%	
750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00		4%	nce
40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00		4% *	& Access.
500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00		4%	
1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,666.67	1,666.67		4%	nual Wheelchair
1,780.20	1,780.20	10,081.20	10,081.20	10,081.20	10,081.20	10,081.20	10,081.20	Z	4% *	
180.00	180.00	960.00	960.00	960.00	960.00	960.00	960.00	Z	4% *	Pool Therapy
180.00	180.00	960.00	960.00	960.00	960.00	960.00	960.00	Z	4% *	
	10.00					3.33	3.33		4% *	Wheelchair Seating Eval.
2025-2027	2024	2023	2022	2021	2020	2018-2019	2017		_	
Compensation Years 18-20	Compensation Year 17	Compensation Year 16	Compensation Year 15	Compensation Year 14	Compensation Year 13	Compensation Years 11-12	Compensation Year 10	Z	G.R. *	ITEMS OF COMPENSATION
									$\frac{1}{2}$	

# Appendix A: Items of Compensation for Sara Miller

Annual Totals	Medicaid Lien	Past Unreimbursable Expenses	I alli alla pariering	Dain and Suffering	Lost Future Earnings			ITEMS OF COMPENSATION   G.R.   *   M		
			1					G.R.		
	┝		+			+	-	*		4
114,187.90							2017	Year 10	Compensation	
114,187.90 112,537.90 230,755.40 223,748.73							2018-2019	Years 11-12	Compensation   Compensation   Compensation	
230,755.40							2020	Year 13	Compensation	
223,748.73							2021	Year 14	Compensation	
223,928.73							2022	Year 15	Compensation	
223,748.73							2023	Year 16	Compensation	
223,928.73 223,748.73 213,867.73 213,857.73							2024	Year 17 Years 18-20	_	
213,857.73							2025-2027	Years 18-20	Compensation	-

Note: Compensation Year 1 consists of the 12 month period following the date of judgment. Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

and KNBT Investment Management & Trust Company, as Co-Guardians for the benefit of Sara Miller, for lost As soon as practicable after entry of judgment, respondent shall make the following payment to Kate Miller, petitioner, As soon as practicable after entry of judgment, respondent shall make the following payment to Todd B. Miller, Kathleen P. Miller future earnings (\$625,201.96), pain and suffering (\$224,896.41), and Yr 1 life care expenses (\$364,730.10): \$1,214,828.47.

for past un-reimbursable expenses: \$67,065.64.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the Items denoted with an asterisk (\*) covered by health insurance and/or Medicare. Annual amounts shall increase at the rates indicated in Column G.R., compounded annually from the date of judgment. Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment. Petry Bldg. # 17, Harrisburg, PA 17110, Attn: Barbara Aschenbrenner, as reimbursement of the state's Medicaid lien: \$108,673.87 Commonwealth of Pennsylvania, Dept. of Public Welfare, Third Party Liability, DGS Annex Complex, 116 E. Azalea Drive, Items denoted with an "M" payable in twelve monthly installments totaling the annual amount indicated.

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							4%	Vocational Assess.
750.00	750.00	750.00	750.00	750.00			4%	Therapeutic Recreation
					Z	-	4%	Hippotherapy
			3.33	3.33		*	4%	Assistive Tech Eval.
1,500.00	1,500.00	1,500.00	1,500.00	1,500.00		-	4%	Van Mod Maintenance
	5,253.53	5,253.53	5,253.53	5,253.53		-	4%	Van Conversion
	2,000.00	2,000.00	2,000.00	2,000.00	Z	-	4%	Case Management
						*	4%	Psychological Counseling
194,910.00	194,910.00	194,910.00	194,910.00	194,910.00	Z	-	4%	Aide Care
		20.00	12.00	12.00		*	5%	Valium
2,340.00	2,340.00				≾		5%	Medicare Part D
							5%	New Drug
		920.00	144.00	144.00		*	5%	Vitamin Mixture Suspension
		80.00	72.00	72.00		*	5%	Carnitor
						*	5%	Scoliosis Surgery
						*	5%	Scoliosis X-ray
						*	5%	Orthopedist
						*	5%	Serial Casting after Botox
			556.00	556.00		*	5%	Botox Injections after deductible
			30.00	30.00		*	5%	Physical Medicine Doctor
			25.00	25.00		*	5%	Neurologist
			10.00	10.00		*	5%	Primary Care Doctor
2,468.40	1,888.80				Z		6%	Medigap
1,156.80	1,156.80				Z		6%	Deductible
								Medicare Part B Premium &
			250.00	250.00			6%	Deductible
								Out-of-Network Provider
		3,000.00			<u> </u>		6%	Highmark Blue MOP
		750.00					6%	Highmark Blue Deductible
		4,041.00			Z		6%	Highmark Blue Premiums
			5,826.24	5,826.24	Z,		6%	COBRA
2067-Life	2038-2066	2030-2037	2029	2028	Ш			
Compensation Years 60-Life	Compensation Years 31-59	Compensation Years 23-30	Compensation Year 22	Compensation Year 21	<u> </u>	*	G.R.	ITEMS OF COMPENSATION

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	<u>a</u>	*	ζ	Compensation	Compensation Year 22	Compensation Years 23-30	Years 31-59	Years 60-Life
HEIVIS OF COMH PROFESTOR		-	_ ;	2028	2029	2030-2037	2038-2066	2067-Life
Wheelchair Seating Eval.	4%	*			10.00			
PT	4%	*	Z	180.00	180.00	1,688.40		
Pool Therapy	4%	*	Z	180.00	180.00	5,054.40		
TO	4%	*	Z	1,780.20	1,780.20	1,660.20		
Manual Wheelchair	4%	_		1,000.00	1,000.00	1,000.00	1,000.00	1,000.00
Wheelchair Maint.	4%			500.00	500.00	500.00	500.00	500.00
Power Wheelchair & Access.	4%	*		40.00	40.00	40.00		
Power Wheelchair Maintenance	4%	_		750.00	750.00	750.00	750.00	750.00
Wheelchair Access.	4%			20.00	20.00	20.00	20.00	20.00
Portable Wheelchair Ramp	4%			35.00	35.00	35.00	35.00	35.00
MAFOs	4%	*						
Bilateral Resting Hand Splints	4%	*						
Left Elbow Sleeve	4%	*						
TLSO	4%	*						
Adaptive Chair	0%							
Gait Trainer	4%	*						,
Standing Frame	4%	*						,
Adaptive Eating Aids	4%	·		50.00	50.00	50.00	50.00	50.00
Hand Held Shower	4%			7.14	7.14	7.14		7.14
Roll-in Shower Chair	4%			164.29	164.29	164.29	164.29	164.29
Computer	4%			536.67	536.67	536.67	536.67	536.67
Special Ed Software	4%							
Environmental Control Device	4%			1,860.00	1,860.00	1,860.00	1,860.00	1,860.00
Adaptive Tricycle	4%							
Ceiling Lift	4%							
Replacement Lift	4%			428.57	428.57	428.57		428.57
Lift Maintenance	4%			100.00	100.00	100.00	100.00	100.00
Batteries	4%			10.00	10.00	10.00	10.00	10.00
Sling	4%			250.00	250.00	250.00	250.00	250.00
Adaptive Recreational Equip.	4%			250.00	250.00	250.00	250.00	250.00
Housing Mods	0%							

# Appendix A: Items of Compensation for Sara Miller

				Compensation	Compensation Compensation Compensation Compensation	Compensation	Compensation	Compensation
TEMS OF COMPENSATION   GR   *   M   Year 21	ري م	*	<u> </u>	Year 21	Year 22	Years 23-30 Years 31-59 Years 60-Life	Years 31-59	Years 60-Life
ITEMS OF COME PROFESSION	G E	$\dashv$		2028		2030-2037	2030-2037 2038-2066 2067-Life	2067-Life
7		_						
Lost Future Earnings		$\downarrow$						
Dain and Suffering								
t and and control of								
Past Unreimbursable Expenses		1						
Medicaid Lien								
A				219.483.97	219,483.97 219,493.97 227,629.20 215,760.80 216,340.40	227,629.20	215,760.80	216,340.40
Annual Iotals	-	L						

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

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Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment. Petry Bldg. # 17. Harrisburg, PA 17110, Attn: Barbara Aschenbrenner, as reimbursement of the state's Medicaid lien: \$108,673.87. Commonwealth of Pennsylvania, Dept. of Public Welfare, Third Party Liability, DGS Annex Complex, 116 E. Azalea Drive, As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the Annual amounts shall increase at the rates indicated in Column G.R., compounded annually from the date of judgment. Items denoted with an "M" payable in twelve monthly installments totaling the annual amount indicated. Items denoted with an asterisk (\*) covered by health insurance and/or Medicare.